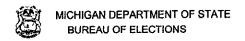
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 1/09 to 1/09 to 1/09		
1. Committee I.D. Number	4. Candidate Las	HOIZIBIU MINICHYZEBS MINIS		
	4a. Office Sought including District # or Community Served (If applicable)			
2. Committee Name	TRUSTAR Shaller Tio			
CTE Chipples HORTON	4a. Office Sought Including District # or Community Served (If applicable) IPUSTES Shauby 4b. County of Residence 6. Treasurer's Name & Residential Address			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
8511 SPBBDWAY SHOUBYTWP	C AND C			
Shousylup		CARMELLA SABAUGH REC'D MACOMB COUNTY CLERK		
Area Code and Phone 586 2557573		COUNTY CLERY		
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	RECEIVED			
be sent to this address by the filing official.	Area code & Filone			
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Admess of the committee has a Designated Record keeper)			
SAMS	CARMELLA SABAUGH			
	1	MACOMB COUNTY CLERK		
Area Code and Phone	Area Code and Pl	none		
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post	-Election	9c. Annual Statement (2007 Coverage Year)		
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
Primary Ger	ieral	9e. Dissolution of Candidate Committee		
Convention	iool	Effective Date of Dissolution		
Convention				
Special Cau	cus	By checking this item, I/We certify that the committee has no assets or		
Date of Election, Convention or Caucus		outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for		
		the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule		
		1B and the Summary Page.		
A-committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	nditures, and oūtsta	nding debts count against the \$1,000 Reporting Waiver threshold.		
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.				
10. Verification: INWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.				
Current Treasurer or				
Designated Record keeper		Date 2/(// 0		
Type or Print Name	Signature	dx/		
Candidate Charles Horton	, Cler	Date 2/1/10		
Type or Print Name	Signature			



SUMMARY PAGE

1. Committee I.D. Number 136866 2. Committee Name CTE Charles Horton

CANDIDATE COMMITTEE	2. Outsimiles Hairis	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	- 🖰 🛔
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	-
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	-
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$	*
(Subtract line 16 from line 15)		